

**Campaign Finance Report**  
Short Form EB-2a  
State Elections Board

☐ Spring ☐ Fall ☐ Special Pre-Primary ☒ Continuing Report due Jan. 31, 2015  
☐ Spring ☐ Fall ☐ Special Pre-Election ☐ Continuing Report due July 20, \_\_\_\_\_

Buckley for County Board  
Name of Candidate or Committee (in full)

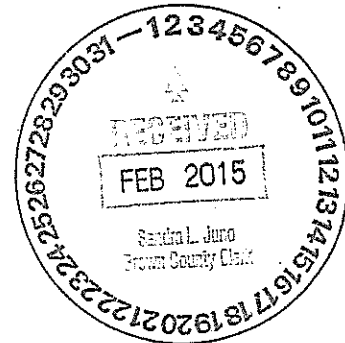
3266 West Pond Rd.  
Address (number and street)

Green Bay WI 54313  
City, State, Zip

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate	Date	Daytime Phone
<u>[Signature]</u>	<u>2-3-15</u>	<u>920 497-3052</u>

EB-2a (Rev. 9/85) (Reformatted 3/98) (Y2K 9/99)



**SHORT FORM – Use For “No  
Activity” Reporting Period**

**\*\*\*End of Report\*\*\***

**CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

**COMMITTEE IDENTIFICATION**

Name of Committee

**FRIENDS of CORRIE CAMPBELL**

Street Address

**931 WATERMOLEN AVENUE**

City, State and Zip Code

**GREEN BAY, WI 54304**

GAB ID Number: **0105552**

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

**REPORT PERIOD**

☒ January Continuing **2015** ☐ Pre-Primary ☐ Spring ☒ Fall ☐ Special ☒ Termination Report also complete Schedule 4  
☐ July Continuing ☒ Pre-Election

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**1. RECEIPTS**

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ <b>1150.00</b>	\$ <b>3350.00</b>
1B. Contributions from Committees (Transfers-In)	\$ <b>0</b>	\$ <b>500.00</b>
1C. Other Income and Commercial Loans	\$ <b>0</b>	\$ <b>0</b>
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ <b>1150.00</b>	\$ <b>3850.00</b>

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ <b>1267.66</b>	\$ <b>3850.00</b>
2B. Contributions to Committees (Transfers-Out)	\$ <b>0</b>	\$ <b>0</b>
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ <b>1267.66</b>	\$ <b>3850.00</b>

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ <b>117.66</b>
Total Receipts	\$ <b>1150.00</b>
Subtotal	\$ <b>1267.66</b>
Total Disbursements	\$ <b>1267.66</b>
<b>CASH BALANCE END OF REPORT</b>	\$ <b>0</b>
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ <b>0</b>
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ <b>0</b>

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

**CORRIE CAMPBELL**

Signature of Candidate or Treasurer

**Corrie Campbell**

Date:

**OCT. 27, 2014**

Email Address: **corrie.campbell@yah**

Daytime Phone: **920-544-5100**

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2S (Rev 04/2014 )

Form prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |  
 Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://cfis.wi.gov> | Email: [GABCFIS@wi.gov](mailto:GABCFIS@wi.gov)

1 of 5

Complete Committee Name

**FRIENDS OF CORRIE CAMPBELL**

receipts have been entered in

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation, Name and Address of Principal Place of Employment (if year-to-date total exceeds \$100)	Amount of Contribution	Y-T-D Total
7/29/14	MARK ROTHE 2558 RIVERGRWELN. GREENBAY WI 54303 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#	BUSINESS OWNER AMERICAN ANTIQUE 1459 W. MASON ST. GREEN BAY WI 54303	200.00	200.00
7/30/14	DR. PAUL KOCH 5374 MOONLITE DR DE PERE, WI 54115 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#		50.00	50.00
7/31/14	WILLIAM GARNER 8106 MERRICK RD. BETHESDA, MD 20817 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#	RETIRED	500.00	500.00
8/1/14	SUSAN KRAFT 3610 SUNNYSLOPE DR. GREEN BAY, WI 54301 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#	RETIRED	250.00	250.00
8/1/14	SUE ANDERSEN 1003 LIBERTY ST. GREEN BAY, WI 54304 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#		50.00	50.00
8/4/14	CHARLOTTE NELSON 2160 PATTY LANE GREEN BAY, WI 54304 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#	RETIRED.	100.00	100.00

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 1150.00 1150.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ 1150.00 1150.00

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 1150.00 1150.00

20 of 5

**SCHEDULE 2 A**
**DISBURSEMENTS**  
**Gross Expenditures**

Page 1 of 2

Complete Committee Name

FRIENDS of CURRIE CAMPBELL

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
7/29/ 14	OFFICE DEPOT 1535 WEST MARION ST. GREEN BAY, WI 54303 Check if: <input type="checkbox"/> In-Kind Offset	SIGNS	32.98
7/31/ 14	GREEN BAY BLUE 2240 HOLMGREN WAY GREEN BAY, WI 54304 Check if: <input type="checkbox"/> In-Kind Offset	SIGNS/BANNERS	36.00
8/5/ 14	GREEN BAY BLUE 2240 HOLMGREN WAY GREEN BAY, WI 54304 Check if: <input type="checkbox"/> In-Kind Offset	SIGNS/BANNERS	101.00
8/7/ 14	TOP HAT MARKETING 239 LIBAL ST. DE PERE, WI 54115 Check if: <input type="checkbox"/> In-Kind Offset	POSTCARDS	356.59
8/6/ 14	FED EX - KINKOS 2279 S. OVERDA ST. GREEN BAY, WI 54304 Check if: <input type="checkbox"/> In-Kind Offset	FLIERS	30.72
8/8/ 14	US POSTAL SERVICE 300 PACKERLAND DRIVE. GREEN BAY, WI 54303 Check if: <input type="checkbox"/> In-Kind Offset	STAMPS	98.00
8/11/ 14	GREEN BAY BLUE 2240 HOLMGREN WAY GREEN BAY, WI 54304 Check if: <input type="checkbox"/> In-Kind Offset	SIGNS/BANNERS	113.94
8/18/ 14	FACEBOOK ADS 1601 WILLOW RD. MENLO PARK, CA 94025 Check if: <input type="checkbox"/> In-Kind Offset	ADVERTISING	49.90

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 819.13
TOTAL ITEMIZED EXPENDITURES	\$ 1254.63
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$ 13.03
TOTAL EXPENDITURES	\$ 1267.66

Complete Committee Name

**FRIENDS of CORRIE CAMPBELL**

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
8/6/14	GREENBAY BLUE 2240 HOLMGREN WAY GREENBAY, WI 54304 Check if: <input type="checkbox"/> In-Kind Offset	SIGNS/BANNERS	220.50
8/25/14	ASTWAUBENON HOWARD-SUAMICO PRESS 1047 MARVELLE LANE GREENBAY, WI 54304 Check if: <input type="checkbox"/> In-Kind Offset	ADVERTISING	215.00
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 435.50

TOTAL ITEMIZED EXPENDITURES

\$ 1254.63

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$ 13.03

TOTAL EXPENDITURES

\$ 1267.66

# SCHEDULE 4

# TERMINATION REQUEST

Complete Committee Name

FRIENDS OF CORRIE CAMPBELL

GAB ID Number

0105552

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Non-candidate committees registered with the state must pay the \$100 filing fee if they have over \$2500 in total disbursements for the calendar year.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until 3 years after the date of an election in which the registrant participates, even if termination is granted. (Per Wis. Stats. 11.12(3))

## DISPOSAL OF RESIDUAL FUNDS

THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2 A AND/OR 2 B.

Date	Recipient	Amount
OCT. 27, 2014	JON D. ANDERSON 414 E. WALNUT ST. GREEN BAY, WI 54301	191

## LOAN OR DEBT FORGIVENESS

I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.

Date	Endorser, Guarantor, or Creditor	Amount

☐ This is a non-candidate committee and the committee made over \$2500 in disbursements in the last calendar year. I have paid the \$100 filing fee.

☒ I do not owe the \$100 filing fee.

Corrie Campbell  
Signature of Candidate or Treasurer

OCT. 27, 2014  
Date

TERMINATION REQUEST. I hereby request that the committee register its obligations and does not anticipate incurring any. The committee does not have disbursements. I further state that the cash balance has been reduced to zero as prescribed by law.

\*\*\*End of Report\*\*\*

Committee has not incurred any contributions or making any disbursements in the manner

1 of 3

**SCHEDULE 1-A**
**RECEIPTS**
**Contributions (Including Loans) From Individuals**

Page \_\_\_\_ of \_\_\_\_

Complete Committee Name

Friends of Sandy Duckett

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
3/8/14	Dennis & Sandy Duckett	Candidate Duckett Cousineau Appraisers 110 S Broadway, WI	\$150.00	150
3/11/14	Dennis & Sandy Duckett		\$100.00	250
4/11/14	Dennis & Sandy Duckett	Candidate Duckett Cousineau Appraisers 110 S. Broadway, WI	\$440.60	\$690.60
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$690.60

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$690.60

2 of 3



**SCHEDULE 2-A**
**DISBURSEMENTS**  
**Gross Expenditures**

Page \_\_\_\_ of \_\_\_\_

Complete Committee Name

Friends of Sandy Duckett

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
3/24/14	Post Card Mania 2145 Sunnydale Blvd. Building 102 Clearwater, FL 33765	Post card design	\$310.84
3/24/14	Postcard Mania 2145 Sunnydale Blvd. Building 102 Clearwater FL 33765	Shipping	\$13.18
3/31/14	GT Printing 1316 Bellevue St. Green Bay, WI 54303	Reprint Brochures	\$73.85
4/1/14 Went through on 4/2/14	OFFICE MAX Mason St. Green Bay, WI 54301	Printing	\$71.85
4/2/14	BMO Harris Credit card for Direct Mail	Direct Mail Payment	\$850.00
3/31/14	Post Card Mania 214 Sunnydale Blvd	Postcard BMO paid through credit card	\$416.70
3/18/14	My Campaign Store 304 Whittington Pkwy #201 Laurensville KY 40222	Yard signs	\$533.25
10/31/14	Nicolet Bank Green Bay, WI 54301	Service Charge	\$5.00
11/31/14	Nicolet Bank Green Bay 54301	Service	\$5.00

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$1446.42

TOTAL ITEMIZED EXPENDITURES

\$

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$

TOTAL EXPENDITURES

\$1446.42

\*\*\*End of Report\*\*\*

3043

Paid with BMO Harris credit card

Brown County

**Campaign Finance Report**  
Short Form EB-2a  
State Elections Board

☐ Spring ☐ Fall ☐ Special Pre-Primary ☒ Continuing Report due Jan. 31, 15  
☐ Spring ☐ Fall ☐ Special Pre-Election ☐ Continuing Report due July 20, \_\_\_\_\_

Eisenlein for a Better Green Bx

Name of Candidate or Committee (in full)

843 Dousman St. / Green Bx, WI 54303

Address (number and street)

Green Bx, WI 54303

City, State, Zip

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate

Date

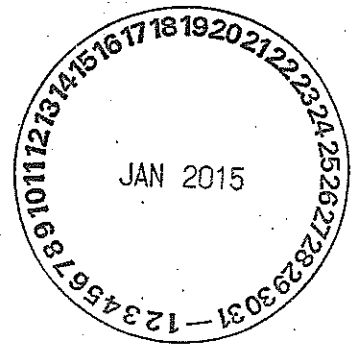
Daytime Phone



1/19/15

(920) 284-8493

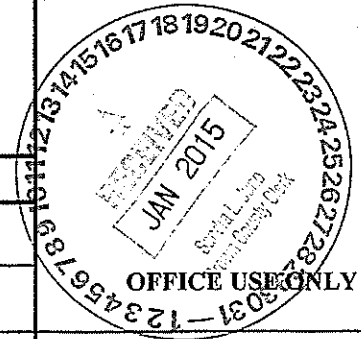
EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)



**SHORT FORM – Use For “No  
Activity” Reporting Period**

**\*\*\*End of Report\*\*\***

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**



Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

**COMMITTEE IDENTIFICATION**

Name of Committee

*Friends of Patrick Evans*

Street Address

*378 David Drive*

City, State and Zip Code

*Green Bay, WI 54303-3307*

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

**NAME OF REPORT**

☒ January Continuing *2015* ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special  
☐ July Continuing ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☐ Termination Report  
also complete Schedule 4

**SUMMARY OF RECEIPTS AND  
DISBURSEMENTS**

**1. RECEIPTS**

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ -0-	\$ 450.00
1B. Contributions from Committees (Transfers-In)	\$ -0-	\$ -0-
1C. Other Income and Commercial Loans	\$ -0-	\$ -0-
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ -0-	\$ 450.00

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ 27.00	\$ 660.54
2B. Contributions to Committees (Transfers-Out)	\$ -0-	\$ -0-
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 27.00	\$ 660.54

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 163.33
Total Receipts	\$ -0-
Subtotal	\$ 163.33
Total Disbursements	\$ 27.00
<b>CASH BALANCE END OF REPORT</b>	\$ 136.33
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ -0-
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ 2,100.00

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date:
<i>JAY J. THIBETTS, MD</i>	<i>Jay J. Thibetts, MD</i>	<i>1-11-15</i>
		Daytime Phone: <i>494-2265</i>

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

*1 of 2*

**SCHEDULE 2-A**
**DISBURSEMENTS**  
**Gross Expenditures**

 Page 2 of    

Complete Committee Name

*Friends of Patrick Egan*

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
4/3/14 ↓ 12/3/14	Edward Jones 3313 E. Portland St. Suite A1 De Pere, WI 54115 Check if: <input type="checkbox"/> In-Kind Offset	Checking account Monthly Fee (30/mo)	27.00
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 27.00
TOTAL ITEMIZED EXPENDITURES			\$ 27.00
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$
TOTAL EXPENDITURES			\$ 27.00

**\*\*\*End of Report\*\*\***

2 of 2

**Campaign Finance Report**  
Short Form EB-2a  
State Elections Board

☐ Spring ☐ Fall ☐ Special Pre-Primary ☒ Continuing Report due Jan. 31, 15  
☐ Spring ☐ Fall ☐ Special Pre-Election ☐ Continuing Report due July 20, \_\_\_\_\_

Name of Candidate or Committee (in full)

*FRIENDS OF  
JOHN R. GOSSAGE*

Address (number and street)

*2430 EAST RIDGE TERRACE*

City, State, Zip

*CARLETON BAY NJ 54311*

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate

Date

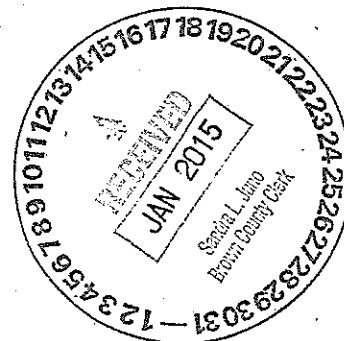
Daytime Phone

*[Signature]*

*01/02/15*

*(908) 448-4222*

EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)



**SHORT FORM – Use For “No Activity” Reporting Period**

**\*\*\*End of Report\*\*\***

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☐ No

Instructions for completing schedules are on the back of each schedule.

**COMMITTEE IDENTIFICATION**

Name of Committee

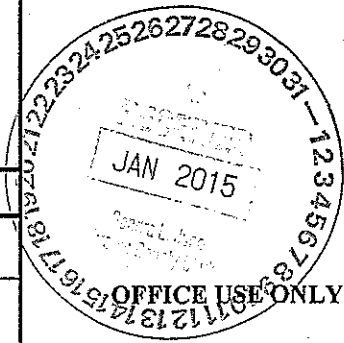
Friends of Staush Gruszynski

Street Address

2700 Humboldt Rd Apt. 4

City, State and Zip Code

Green Bay, WI 54311



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

**NAME OF REPORT**

☒ January Continuing 2015 ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special  
☐ July Continuing ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☐ Termination Report  
also complete Schedule 4

**SUMMARY OF RECEIPTS AND  
DISBURSEMENTS**

**1. RECEIPTS**

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 40.00	\$ 450.00
1B. Contributions from Committees (Transfers-In)	\$ —	\$ —
1C. Other Income and Commercial Loans	\$ —	\$ —
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 40.00	\$ 450.00

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ 2.36	\$ <del>100.00</del> 117.60
2B. Contributions to Committees (Transfers-Out)	\$ —	\$ —
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 2.36	\$ <del>100.00</del> 117.60

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 804.16
Total Receipts	\$ 40.00
Subtotal	\$ 844.16
Total Disbursements	\$ 2.36
<b>CASH BALANCE END OF REPORT</b>	\$ 841.80
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Staush Gruszynski

Signature of Candidate or Treasurer

*Staush Gruszynski*

Date: 1-28-2015

Daytime Phone: 920.216.3793

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

**SCHEDULE 1-A**
**RECEIPTS**
**Contributions (Including Loans) From Individuals**

Page \_\_\_\_ of \_\_\_\_

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
7/10/14	Dennis Hughes 1652 N. Humboldt #4 Milwaukee, WI 53202		\$10.00	70.00
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name:		
10/10/14	Dennis Hughes 1652 N. Humboldt #4 Milwaukee, WI 53202		\$10.00	80.00
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name:		
11/10/14	Dennis Hughes 1652 N. Humboldt #4 Milwaukee, WI 53202		\$10.00	90.00
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name:		
2/10/14	Dennis Hughes 1652 N. Humboldt #4 Milwaukee, WI 53202		\$10.00	100.00
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name:		
1/1				
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name:		
1/1				
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name:		
1/1				
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name:		
1/1				
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name:		

**SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE**

\$ 40.00

**TOTAL ITEMIZED CONTRIBUTIONS**

\$ 40.00

**TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS**

\$ -

**TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS**

\$ 40.00

2 of 3

**SCHEDULE 2-A**
**DISBURSEMENTS**  
**Gross Expenditures**

Page \_\_\_\_ of \_\_\_\_

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
12/31/14	Pay Pal 2211 N. First St. San Jose CA, 95131 Check if: <input type="checkbox"/> In-Kind Offset	Fees for Service	\$ 2.36
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 2.36
TOTAL ITEMIZED EXPENDITURES			\$
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$
TOTAL EXPENDITURES			\$

\*\*\*End of Report\*\*\*

3 of 3



# CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

## COMMITTEE IDENTIFICATION

Name of Committee

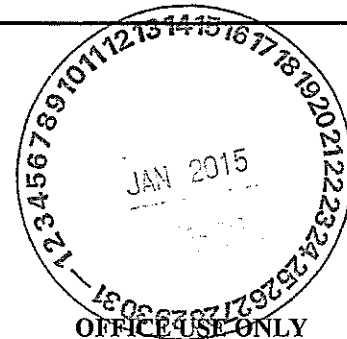
Friends of Julie Hornburg

Street Address

2879 Hillcrest Ct

City, State and Zip Code

Green Bay WI 54313



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

## NAME OF REPORT

☒ January Continuing ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special  
☐ July Continuing ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☒ Termination Report  
also complete Schedule 4

## SUMMARY OF RECEIPTS AND DISBURSEMENTS

### 1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 0.00	\$ 2,000.00
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 0.00	\$ 2,000.00

### 2. DISBURSEMENTS

2A. Gross Expenditures	\$ 1,228.49	\$ 2,000.00
2B. Contributions to Committees (Transfers-Out)	\$ -0-	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 1,228.49	\$ 2,000.00

## CASH SUMMARY

Cash Balance Beginning of Report	\$ 1,228.49
Total Receipts	\$ -0-
Subtotal	\$ 1,228.49
Total Disbursements	\$ 1,228.49
<b>CASH BALANCE END OF REPORT</b>	\$ -0-
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ -0-
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ -0-

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Julia M. Hornburg

Signature of Candidate or Treasurer

Julia M. Hornburg

Date:

1-4-15

Email

julie.hornburg@wicourts.gov

Daytime Phone:

448-4168

**NOTE:** The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

**SCHEDULE 2-A**
**DISBURSEMENTS**  
**Gross Expenditures**

 Page 1 of 1

Complete Committee Name

Friends of Julie Hornburg

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
7/29/14	Wal Mart 2440 W. Mason St Green Bay WI 54303 Check if: <input type="checkbox"/> In-Kind Offset	Paper, Rubber Bands	14.72
8/3/14	Wal Mart 2440 W. Mason St Green Bay WI 54303 Check if: <input type="checkbox"/> In-Kind Offset	Paper, Rubber Bands	16.13
8/8/14	Wal Mart 2440 W. Mason St Green Bay WI 54303 Check if: <input type="checkbox"/> In-Kind Offset	Rubber Bands	4.24
9/11/14	Perry Hornburg 2879 Hillcrest Ct Green Bay WI 54313 Check if: <input type="checkbox"/> In-Kind Offset	Printer Ink	141.26
9/30/14	Self Check if: <input type="checkbox"/> In-Kind Offset	Check from Fox Comm. to close campaign account	1,052.14
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

 \$ 1,228.49

TOTAL ITEMIZED EXPENDITURES

\$

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$

TOTAL EXPENDITURES

 \$ 1,228.49

2 of 4

**SCHEDULE 3-E****ADDITIONAL DISCLOSURE**  
Contributions Returned to ContributorPage 1 of 1

Complete Committee Name

Friends of Julie Hornburg

Instructions for completing schedules are on the back of each schedule.

Date of Original Contribution	Name and Address of Contributor	Amount Returned
7/09/14	Self	1,052. <sup>14</sup>
SUBTOTAL ITEMIZED RETURNED CONTRIBUTIONS		\$
TOTAL UNITEMIZED RETURNED CONTRIBUTIONS \$20 OR LESS		\$
TOTAL RETURNED CONTRIBUTIONS		\$ 1,052. <sup>14</sup>

**SCHEDULE 3-F****ADDITIONAL DISCLOSURE**  
Contributions Donated to Charity or Common School Fund

Instructions for completing schedules are on the back of each schedule.

Date of Donation	Name and Address of Donee	Reason for Donation	Amount of Donation
SUBTOTAL ITEMIZED DONATED CONTRIBUTIONS			\$
TOTAL DONATED CONTRIBUTIONS			\$

3 of 4

**SCHEDULE 4****TERMINATION REQUEST**

Complete Committee Name

Friends of Julie Hornburg

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until termination is granted.

**DISPOSAL OF RESIDUAL FUNDS**

THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.

Date	Recipient	Amount
9/30/14	Julia M. Hornburg (Self)	<del>\$1,052.14</del> 0.00 mh

**LOAN OR DEBT FORGIVENESS**

I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.

Date	Endorser, Guarantor, or Creditor	Amount
		0-

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

Signature of Candidate or Treasurer

Julia M. Hornburg

Date

1-4-15

**\*\*\*End of Report\*\*\***

4 of 4

**Campaign Finance Report**Short Form EB-2a  
State Elections Board

☐ Spring ☐ Fall ☐ Special Pre-Primary ☒ Continuing Report due Jan. 31, 2015  
☐ Spring ☐ Fall ☐ Special Pre-Election ☐ Continuing Report due July 20, \_\_\_\_\_

Name of Candidate or Committee (in full) - Friends of Julie Jansch

Address (number and street) 2574 Oakwood Drive

City, State, Zip Green Bay, WI

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate

Date

Daytime Phone

Julie Jansch

2/4/15 920.499.8805

EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)

**SHORT FORM – Use For “No  
Activity” Reporting Period****\*\*\*End of Report\*\*\***

**Campaign Finance Report**Short Form EB-2a  
State Elections Board

☐ Spring ☐ Fall ☐ Special Pre-Primary ☒ Continuing Report due Jan. 31, 2015  
☐ Spring ☐ Fall ☐ Special Pre-Election ☐ Continuing Report due July 20, \_\_\_\_\_

Name of Candidate or Committee (in full)

Address (number and street)

City, State, Zip

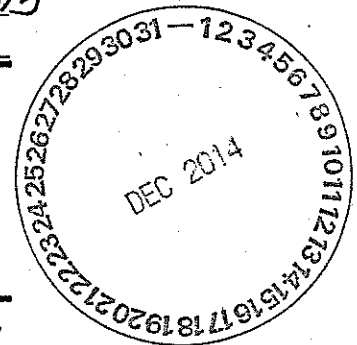
*Sandy Jano*  
*616 Dauphin St.*  
*Green Bay WI 54301*

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate

Date

Daytime Phone

*Sandy Jano*  
EB-2a (Rev. 9/95) (Reformatted 3/98) (2K 9/99)*12-30-15**920-448-4016*

**SHORT FORM – Use For “No  
Activity” Reporting Period**

**\*\*\*End of Report\*\*\***

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

**COMMITTEE IDENTIFICATION**

Name of Committee

FRIENDS OF CAROL KELSO

Street Address

11320 N. CRESTVIEW DR.

City, State and Zip Code

Fountain Hills, AZ 85268



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

**NAME OF REPORT**

☒ January Continuing 2015 ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special  
☐ July Continuing ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☐ Termination Report  
also complete Schedule 4

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**1. RECEIPTS**

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$	\$
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$	\$

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ 4	\$ 4
2B. Contributions to Committees (Transfers-Out)	\$ 1000	\$ 1200
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 1004	\$ 1204

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 6372.85
Total Receipts	\$
Subtotal	\$
Total Disbursements	\$ 1004.00
<b>CASH BALANCE END OF REPORT</b>	\$ 5368.85
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer  Carol Kelso	Signature of Candidate or Treasurer  Carol Kelso	Date: 1/22/15
	Email TOFNTEDDY@COX.NET	Daytime Phone: 480.584.3678

**NOTE:** The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 04/14) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

1 of 3

**SCHEDULE 2-B**
**DISBURSEMENTS**  
**Contributions To Committees**  
**(Transfers-Out)**

Page 1 of 1

Complete Committee Name

*Friends of CAROL*

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
8/30/14	Grothman for congress PO Box 1215 Ford du Lac, WI 54936 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	1,000	1,000
/ /	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
/ /	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
/ /	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
/ /	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
/ /	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
/ /	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
/ /	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ 1,000	
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 1,000	

2 of 3



**SCHEDULE 2-A**
**DISBURSEMENTS**  
**Gross Expenditures**

Page 1 of 1

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
8/13/14 9/13/14	US BANK P.O. BOX 1800 ST. PAUL MN 55101	BANK FEE	\$4
	Check if: <input type="checkbox"/> In-Kind Offset		
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 4
TOTAL ITEMIZED EXPENDITURES			\$ 4
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ —
TOTAL EXPENDITURES			\$ 4

**\*\*\*End of Report\*\*\***

3 of 3

**Campaign Finance Report**Short Form EB-2a  
State Elections Board

☐ Spring ☐ Fall ☐ Special Pre-Primary ☒ Continuing Report due Jan. 31, 2015  
☐ Spring ☐ Fall ☐ Special Pre-Election ☐ Continuing Report due July 20, \_\_\_\_\_

Name of Candidate or Committee (in full) *Thomas Lund*Address (number and street) *2091 Magy Lane*City, State, Zip *Guamico, WI 54313*

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

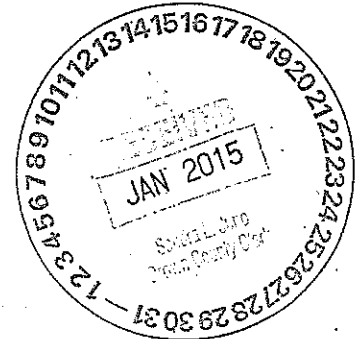
Signature of Committee Treasurer or Candidate

Date

Daytime Phone

*Tom Lund**1/14/15**920 592-2663*

EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)

**SHORT FORM – Use For “No  
Activity” Reporting Period****\*\*\*End of Report\*\*\***

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

**COMMITTEE IDENTIFICATION**

Name of Committee

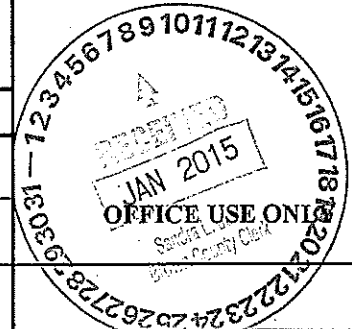
Friends of Chuck Mahlik

Street Address

3103 S clay st

City, State and Zip Code

Green Bay, WI 54301



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

**NAME OF REPORT**

☒ January Continuing 2015 ☐ Pre-Primary ☐ Spring ☒ Fall ☐ Special  
☐ July Continuing ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☐ Termination Report  
also complete Schedule 4

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**1. RECEIPTS**

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 820.00	\$ 9,071.00
1B. Contributions from Committees (Transfers-In)	\$ 250.00	\$ 600.00
1C. Other Income and Commercial Loans	\$ 0.00	\$ 6.89
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 1,070.00	\$ 9,677.89

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ 1,539.61	\$ 8,721.51
2B. Contributions to Committees (Transfers-Out)	\$ 0.00	\$ 00.00
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 1,539.61	\$ 8,721.51

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 1,425.99
Total Receipts	\$ <del>900</del> 1,070.00
Subtotal	\$ 2,495.99
Total Disbursements	\$ 1,539.61
<b>CASH BALANCE END OF REPORT</b>	\$ 956.38
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ 0.00
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ 4,500.00

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Charles T. Mahlik

Signature of Candidate or Treasurer

*Charles T Mahlik*

Date: 1/4/15

Daytime Phone: (920) 360-3453

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

1 of 6

**SCHEDULE 1-A**
**RECEIPTS**
**Contributions (Including Loans) From Individuals**

 Page 1 of 5

Complete Committee Name

Friends of Chuck Mahlik

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
10/21/14	Allen Jamir 1002 Trailwood Dr De Pere, WI 54115		\$50.00	50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
10/24/14	Trent Willinbganz 1927 Stone Silo Ct De Pere, WI 54115		25.00	25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
10/25/14	Mike Denor 6956 Fairview Rd Denmark, WI 54208	Assessor Fair Market Assessments 2555 Continental Ct Ste 2 Green Bay, WI 54311	100.00	100.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
10/27/14	Gary Cothern 440 Polaris Rd Green Bay, WI 54302		25.00	25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
11/4/14	William Clancy 7226 Old St Greenleaf, WI 54126		50.00	50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
11/4/14	Barbara Stenger 204 Lorne Way De Pere, WI 54115		20.00	20.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
11/3/14	Michael Demerath 3021 Sunshine Pl Green Bay, WI 54313		50.00	50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: Act Blue		
10/27/14	Charles Mahlik 3103 S Clay St Green Bay, WI 54301		500.00	4,500.00
	Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

 \$ ~~320.00~~

820.00

TOTAL ITEMIZED CONTRIBUTIONS

 \$ ~~320.00~~

820.00

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ 0

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 820.00

2 of 6

**SCHEDULE 1-B**

# **RECEIPTS** **Contributions from Committees** **(Transfers-In)**

 Page 2 of 5

Complete Committee Name

Friends of Chuck Mahlik

Instructions for completing schedules are on the back of each schedule.

Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
10 / 22 / 14	Brown County Democratic Party 118 S Chestnut Av Green Bay, WI 54303 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	250.00	500.00
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE		\$ 250.00	
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$ 250.00	

3 of 6

**SCHEDULE 2-A**
**DISBURSEMENTS**  
**Gross Expenditures**

Page 3 of 5

Complete Committee Name

Friends of Chuck Mahlik

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
10/24/14	Office Depot 1535 West Mason St Green Bay, WI 54303 Check if: <input type="checkbox"/> In-Kind Offset	Rubber Bands	8.43
10/29/14	Facebook 1 Hacker Way Menlo Park, CA 94025 Check if: <input type="checkbox"/> In-Kind Offset	Advertising	4.04
10/30/14	Gannett Wisconsin Media PO Box 59 Appleton, WI 54912-0059 Check if: <input type="checkbox"/> In-Kind Offset	Advertising	1,455.90
11/2/14	Shupko 301 Bay Park Square Green Bay, WI 54304-5294 Check if: <input type="checkbox"/> In-Kind Offset	Rubber Bands	5.26
11/3/14	Act. Blue Technical Services 366 Summer St Somerville, MA 02144-3132 Check if: <input type="checkbox"/> In-Kind Offset	Processing Fee	1.98
11/16/14	Pulaski News 1040 S St Augustine St Pulaski, WI 54162 Check if: <input type="checkbox"/> In-Kind Offset	Advertising	64.00
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 1,539.61

TOTAL ITEMIZED EXPENDITURES

\$ 1,539.61

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$ 0

TOTAL EXPENDITURES

\$ 1,539.61

4 of 6

**SCHEDULE 3-B**

**ADDITIONAL DISCLOSURE**  
Loans  
Individual, Committee or Commercial

Page 4 of 5

Complete Committee Name

Friends of Chuck Mahlik

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
9/2/14	Charles Mahlik 3103 S Clay St Green Bay, WI 54301	1,000.00	<del>1,000.00</del> 0	0	1,000.00

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
10/11/14	Charles Mahlik 3103 S Clay St Green Bay, WI 54301	1,000.00	0	0	1,000.00

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
10/29/14	Charles Mahlik 3103 S Clay St Green Bay, WI 54301	<del>500.00</del> 0	500.00	0	500.00

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$ 2,500.00

TOTAL OUTSTANDING LOANS \$ 4,500.00

5 of 6

**ADDITIONAL DISCLOSURE**  
Loans  
Individual, Committee or Commercial

Complete Committee Name

Friends of Chuck Mahlik

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
4/14/14	Charles Mahlik 3103 S Clay St Green Bay, WI 54301	500.00	0	0	500.00

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
5/14/14	Charles Mahlik 3103 S Clay St Green Bay, WI 54301	500.00	0	0	500.00 <del>1,000.00</del>

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
6/16/14	Charles Mahlik 3103 S Clay St Green Bay, WI 54301	1,000.00	0	0	1,000.00

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$ 2,000.00

TOTAL OUTSTANDING LOANS \$ 4,500.00

\*\*\*End of Report\*\*\*

6 of 6



**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

**COMMITTEE IDENTIFICATION**

Name of Committee

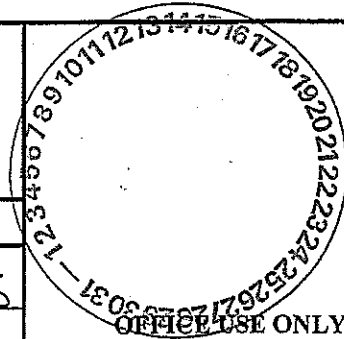
*Elect Donna Mason for Clerk of Circuit Courts*

Street Address

*2591 Greenwald Street*

City, State and Zip Code

*Green Bay, WI 54301*



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

**NAME OF REPORT**

☒ January Continuing 15 ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special  
☐ July Continuing ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☒ Termination Report  
also complete Schedule 4

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**1. RECEIPTS**

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ <i>160.<sup>00</sup></i>	\$ <i>6,892.<sup>00</sup></i>
1B. Contributions from Committees (Transfers-In)	\$ <i>0</i>	\$ <i>0</i>
1C. Other Income and Commercial Loans	\$ <i>0</i>	\$ <i>0</i>
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ <i>160.<sup>00</sup></i>	\$ <i>6,892.<sup>00</sup></i>

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ <i>3,533.14</i>	\$ <i>6,892.<sup>00</sup></i>
2B. Contributions to Committees (Transfers-Out)	\$ <i>0</i>	\$ <i>0</i>
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ <i>3,533.14</i>	\$ <i>6,892.<sup>00</sup></i>

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ <i>3,373.14</i>
Total Receipts	\$ <i>160.<sup>00</sup></i>
Subtotal	\$ <i>3,533.14</i>
Total Disbursements	\$ <i>3,533.14</i>
<b>CASH BALANCE END OF REPORT</b>	\$ <i>0</i>
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ <i>0</i>
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ <i>0</i>

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

*Michelle Waurvus*

Signature of Candidate or Treasurer

*Michelle Waurvus*

Date:

*1/9/2015*

Daytime Phone:

*(920) 600-0030*

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

Complete Committee Name

*Elect Donna Mason for Clerk of Courts*

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
8/4/14	Dennis & Marpha Duffy 1614 Willard Terrace De Pere, WI 54115	Attorney	\$50.00	100.00
8/10/14	Jean Eckers 905 S. FISK Street Green Bay, WI 54304		\$25.00	25.00
8/26/14	Herbert Liebmann III 691 Sand Bar Beach Rd Luxemburg, WI 54217		35.00	35.00
8/26/14	Richard Kreitz, Jr. 749 Appleton Road Menasha, WI 54952		50.00	50.00
/ /				
/ /				
/ /				
/ /				

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 160.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ 160.00

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ 0

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 160.00

**SCHEDULE 2-A**
**DISBURSEMENTS**  
**Gross Expenditures**

Page 1 of 1

Complete Committee Name

Elect Donna Mason for Clerk of Circuit Courts

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
8/01/14	Political Lawn Signs 916 Blvd Avenue, Murrah WI 54956	24" x 48" yd. Signs	\$1,434.96
8/8/14	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Y100 - WNCV - Green Bay WI	Radio Announcement	\$1,997.50
8/8/14	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made WTAQ - 1360 AM / 97.5 FM WI	Radio Announcement	\$998.00
8/8/14	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Facebook 1601 Willow Rd, Menlo Park CA 94025	Service charge	\$3.83
9/15/14	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Associated Bank 200 N. Adams Street Green Bay	Service Fee	\$20.00
10/14/14	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Associated Bank 200 N. Adams Street Green Bay	Service Fee	\$20.00
6/11/14	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Brown City Planning 305 E. Walnut Street Green Bay WI	Laminated Metro Map	\$15.00
11/30/14	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Taki's Pizza Green Bay 112 Broadway, WI 54303	Dinner Party w/ Campaign Com.	\$43.85
	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 3,533.14

TOTAL ITEMIZED EXPENDITURES

\$ 3,533.14

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$ 0

TOTAL EXPENDITURES

\$ 3,533.14

**SCHEDULE 4****TERMINATION REQUEST**

Complete Committee Name

Elect Donna Mason for Clerk of Circuit Courts

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until termination is granted.

**DISPOSAL OF RESIDUAL FUNDS***THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.*

Date	Recipient	Amount
10/21/14	Donna Mason 2591 Greenwald Street Green Bay, WI 54301	\$58.85

**LOAN OR DEBT FORGIVENESS***I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.*

Date	Endorser, Guarantor, or Creditor	Amount
N/A	_____	

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

Debbie Wallman  
Signature of Candidate or Treasurer

1/9/15  
Date

**\*\*\*End of Report\*\*\***

**Campaign Finance Report**Short Form EB-2a  
State Elections Board

☐ Spring ☐ Fall ☐ Special Pre-Primary ☒ Continuing Report due Jan. 31, FEB 2, 2015  
☐ Spring ☐ Fall ☐ Special Pre-Election ☐ Continuing Report due July 20, \_\_\_\_\_

Name of Candidate or Committee (in full)

MOYNIHAN COMMITTEE FOR BETTER GOVERNMENT

Address (number and street)

2444 BARCLOCK ROAD  
GREEN BAY, WI 54313

City, State, Zip

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate

Date

Daytime Phone



01/01/15

920-492-2302

EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)

**SHORT FORM – Use For “No  
Activity” Reporting Period****\*\*\*End of Report\*\*\***

# Campaign Finance Report

Short Form EB-2a  
State Elections Board

☐ Spring ☐ Fall ☐ Special Pre-Primary ☒ Continuing Report due Jan. 31, 2015  
☐ Spring ☐ Fall ☐ Special Pre-Election ☐ Continuing Report due July 20, \_\_\_\_\_

X Name of Candidate or Committee (in full)

Andrew N. NICHOLSON

X Address (number and street)

800 VENUE DR

X City, State, Zip

GB WI 54311

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

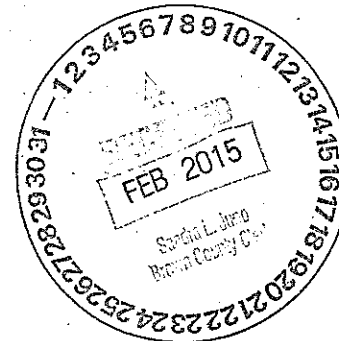
X Signature of Committee Treasurer or Candidate

Date

Daytime Phone

EB-2a (Rev. 9/95) (Reformatted 3/98) (V2K 9/99)

2/5/15 465 3564



**SHORT FORM – Use For “No  
Activity” Reporting Period**

**\*\*\*End of Report\*\*\***

**Campaign Finance Report**Short Form EB-2a  
State Elections Board

☒ Spring ☐ Fall ☐ Special Pre-Primary ☒ Continuing Report due Jan. 31, 2015  
☐ Spring ☐ Fall ☐ Special Pre-Election ☐ Continuing Report due July 20, \_\_\_\_\_

Name of Candidate or Committee (in full) Timothy J. NowakAddress (number and street) 2956 BELLE PLANE RD.City, State, Zip GREEN BAY, WI 54313

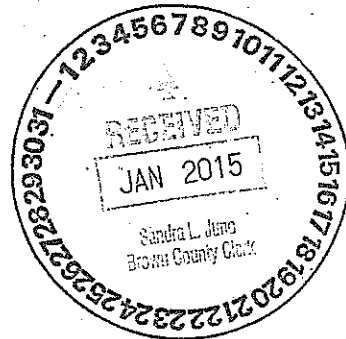
I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate

Date

Daytime Phone

EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)

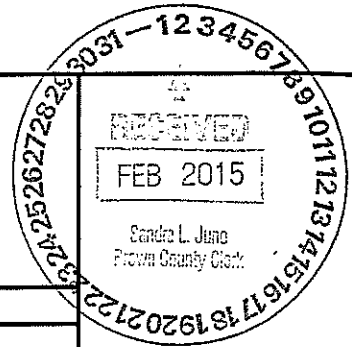


**SHORT FORM – Use For “No  
Activity” Reporting Period**

**\*\*\*End of Report\*\*\***

**CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN**

Is this report an  
Amendment?



**COMMITTEE IDENTIFICATION** Friends of Dan Robinson

Name of Committee Friends of Dan Robinson

Address 446 Cook Street

City, State, ZIP De Pere, WI 54115

OFFICE USE ONLY

GAB # ID 105501

**NAME OF REPORT** Jan 2015 Continuing  
Activity from 10/21/2014 - 12/31/2014

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**1. RECEIPTS**

	Column A This Period	Column B YTD	Audited Totals Office Use Only
A. Contributions including Loans from Individuals	3,031.86	\$ 47,477.07	
B. Contributions from Committees (Transfers-In)	690.00	\$ 23,185.00	
C. Other Income and Commercial Loans	0.62	\$ 322.99	
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B, and 1C)	3,722.48	\$ 70,985.06	

**1. DISBURSEMENTS**

A. Gross Expenditures	8,532.92	\$ 72,687.27	
B. Contributions to Committees (Transfers-Out)	0.00		
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	8,532.92	\$ 72,687.27	

**CASH SUMMARY**

Cash Balance at Beginning of Report	\$ 5,915.75	
Total Receipts	3,722.48	
Subtotal	9,638.23	
Total Disbursements	8,532.92	
<b>CASH BALANCE AT END OF REPORT</b>	1,105.31	
<b>INCURRED OBLIGATIONS</b> (at close of period)	\$ -	
<b>LOANS</b> (at close of period)	\$ 1,500.00	

*I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Candidate or Treasurer

Signature of Candidate or Treasurer

Date

Daytime Phone

NOTE: The information on this form is required by ss. 11.06, 11.20, Wis. Stats.  
Failure to provide this information may subject you to the penalties of ss.11.60, 11.62, Wisconsin Stats.



Contributions Including Loans from Individuals																		
SCHEDULE 1-A																		
CO- ND UT ID	MB NU ID	DATE	LAST NAME	FIRST NAME	ADDRESS	CITY	ST	ZIP	OCCUPATION TITLE	EMPLOYER NAME	EMPLOYER ADDRESS	EMPLOYER CITY	EMPLOYER STATE	EMPLOYER ZIP CODE	AMOUNT	YTD		
	Personal Loan	10/21/2014	Jamir	Allan	1002 Trailwood Dr. 2754 Canyon Bluff Rd.	De Pere	WI	54115							50.00	50.00		
		10/21/2014	Umhoefer	Gary	180 Virginia Ave	Green Bay	WI	54302							50.00	50.00		
		10/21/2014	Yarowsky	Sarah	600 James St. #101	Rochester	NY	14619	unemployed						400.00	400.00		
		10/22/2014	Burrill	Cristina		De Pere	WI	54115							10.00	10.00		
		10/22/2014	Delvaux	Cletus	800 E River Dr	De Pere	WI	54115-4159		Williams Marketing, Inc.	342 Main Ave	De Pere	WI	54115	25.00	75.00		
		10/23/2014	Williams	Paul	2659 Shag Bark Lane	Green Bay	WI	54313	COO						25.00	125.00		
		10/23/2014	Schock	Patricia	1865 Westline Road	Green Bay	WI	54313		Green Bay Public Schools					20.00	50.00		
		10/23/2014	Johnson	Eileen	535 Brule Rd	De Pere	WI	54115-3730	retired						25.00	50.00		
x		10/24/2014	Robinson	Daniel	446 Cook Street	De Pere	WI	54115	Administrator	St Norbert College	100 Grant Street	De Pere	WI	54115	8.86	5394.77		
		10/25/2014	Bayer	Tom	717 Charity Rue	Green Bay	WI	54301							50.00	50.00		
		10/25/2014	Connors	Lawrence	2500 Bittersweet Ave	Green Bay	WI	54301	COO	SV/SM Green Bay					150.00	150.00		
		10/25/2014	Kautz	Janet	849 Keyes St.	Menasha	WI	54952							50.00	50.00		
		10/25/2014	Richman	Tim	267 Kiesner Dr.	Chilton	WI	53014	Hospital Administrator	Calumet Medical Center					125.00	125.00		
		10/27/2014	Franitz	John	110 S Henry St. Apt 7	Madison	WI	53703	doctor	retired					500.00	500.00		
		10/27/2014	Hoyer	Eric	818 Eliza Street	Green Bay	WI	54301	Associate Dean	Silver Lake College					150.00	150.00		
		10/27/2014	Kellogg	Peter	3791 Grove Road	Green Bay	WI	54311	Professor	University of Wisconsin - Green Bay					100.00	200.00		
		10/28/2014	Soquet	Randy	2126 Charles Street	De Pere	WI	54115	Teacher	De Pere Schools					25.00	75.00		

**Contributions  
Including Loans from  
Individuals**

[illegible]

**SCHEDULE 1-A**

[illegible]





[illegible]

**Gross Expenditures (NOT  
contributions to other  
committees)**

SCHEDULE 2-A

IN:KIND	PERSONAL LOAN/PYMT	DATE	LAST NAME/BUSINESS NAME	FIRST NAME	GAB ID	ADDRESS	CITY	ST	ZIP	EXPENSE PURPOSE CODE	AMOUNT	COMMENTS	IND. EXP/RECOUN T
		10/21/20	St. Norbert College			100 Grant St.	De Pere	WI	54115	PB	24.37		
		10/21/20	Facebook, Inc.			1601 Willow Road	Menlo Park	CA	94025	MEDO	33.55		
		10/21/20	Cumulus Green Bay			810 Victoria St.	Green Bay	WI	54302	MEDR	1,552.00		
		10/23/20	Facebook, Inc.			1601 Willow Road	Menlo Park	CA	94025	MEDO	55.56		
		10/24/20	SNC Digital Print Center			100 Grant St.	De Pere	WI	54115	PCP	17.72		
		10/24/20	Robinson	Dan		446 Cook St.	De Pere	WI	54115	PCP	8.86		
		10/27/20	Facebook, Inc.			1601 Willow Road	Menlo Park	WI	94025	MEDO	254.82		
		10/27/20	Yaworsky	Sarah		180 Virginia Ave	Rochester	NY	14619	ADMEX	300.00	reimburse donation	
		10/30/20	SNC Digital Print Center			100 Grant St.	De Pere	WI	54115	PB	434.80		
		10/31/20	SNC Digital Print Center			100 Grant St.	De Pere	WI	54115	PB	99.70		
		10/31/20	Facebook, Inc.			1601 Willow Road	Menlo Park	CA	94025	MEDO	300.70		
		10/31/20	Midwest Communications			1420 Bellevue Street	Green Bay	WI	54311	MEDR	672.00		
		10/31/20	Harbor Credit Union			800 Weise Street	Green Bay	WI	54302	ADMBF	2.80		
		11/04/20	Facebook, Inc.			1601 Willow Road	Menlo Park	CA	94025	MEDO	541.31		
		11/09/20	Cumulus Green Bay			810 Victoria St.	Green Bay	WI	54302	MEDR	604.00		
		11/17/20	St. Norbert College			100 Grant St.	De Pere	WI	54115	POST	11.90		
		11/30/20	Harbor Credit Union			800 Weise Street	Green Bay	WI	54302	ADMBF	0.60		
		12/01/20	Facebook, Inc.			1601 Willow Road	Menlo Park	CA	94025	MEDO	86.08		
		12/18/20	Robinson	Dan		446 Cook St.	De Pere	WI	54115	ADMEX	3,500.00	Loan Repayment	

**Gross Expenditures (NOT**  
**contributions to other**  
**committees)**

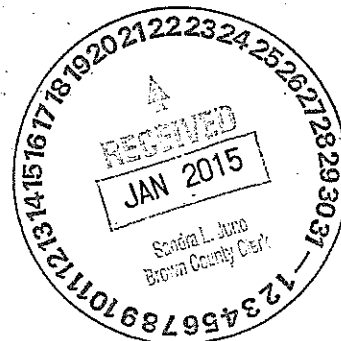
**SCHEDULE 2-A**

[illegible]

\*\*\*End of Report\*\*\*



<b>Campaign Finance Report</b> Short Form EB-2a State Elections Board		
<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special    Pre-Primary _____	<input checked="" type="checkbox"/> Continuing Report due Jan. 31, <u>2015</u>	
<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special    Pre-Election _____	<input type="checkbox"/> Continuing Report due July 20, _____	
Name of Candidate or Committee (in full) <u>Citizens for Sebar</u>		
Address (number and street) <u>480 Muskys Lake</u>		
City, State, Zip <u>Green Bay, WI 54311</u>		
I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.		
Signature of Committee Treasurer or Candidate <u>[Signature]</u>	Date <u>1-21-15</u>	Daytime Phone <u>920.680.6366</u>
EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)		



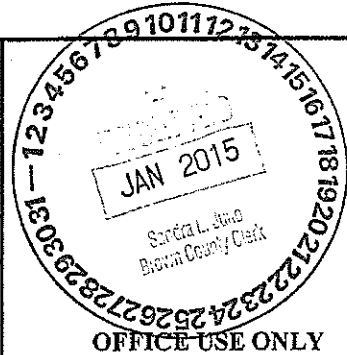
**SHORT FORM – Use For “No Activity” Reporting Period**

**\*\*\*End of Report\*\*\***

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.



**COMMITTEE IDENTIFICATION**

Name of Committee

Tom Smith for Clerk of Circuit Courts

Street Address

2824 St Pats Dr

City, State and Zip Code

Green Bay, WI 54313

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

**NAME OF REPORT**

☒ January Continuing 2015 ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special  
☐ July Continuing ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☒ Termination Report  
also complete Schedule 4

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**1. RECEIPTS**

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$	\$
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$	\$

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$	\$

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 233 <sup>28</sup> / <sub>100</sub>
Total Receipts	\$
Subtotal	\$
Total Disbursements	\$ 233 <sup>28</sup> / <sub>100</sub>
<b>CASH BALANCE END OF REPORT</b>	\$ 0
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date: 1/9/15
Thomas E. Smith	Thom Smith	Daytime Phone: 448-4052

**NOTE:** The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

1043

**SCHEDULE 2-A**
**DISBURSEMENTS**  
**Gross Expenditures**

Page \_\_\_\_ of \_\_\_\_

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
9/1/14	Thomas Smith (Self) 2829 St Rats Dr Green Bay, WI 54313 Check if: <input type="checkbox"/> In-Kind Offset	Termination	233.28
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$
TOTAL ITEMIZED EXPENDITURES			\$
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$
TOTAL EXPENDITURES			\$

2 of 3

**SCHEDULE 4****TERMINATION REQUEST**

Complete Committee Name

*Tom Smith for Clerk of Circuit Court*

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until termination is granted.

**DISPOSAL OF RESIDUAL FUNDS***THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.*

Date	Recipient	Amount
<i>9/1/14</i>	<i>Tom Smith</i>	<i>233, <sup>28</sup>/<sub>100</sub></i>

**LOAN OR DEBT FORGIVENESS***I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.*

Date	Endorser, Guarantor, or Creditor	Amount

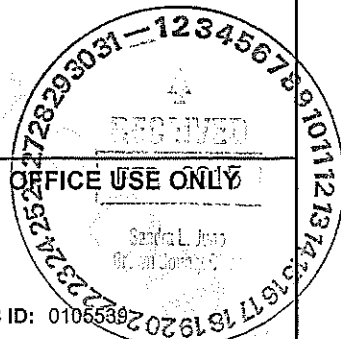
TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

Signature of Candidate or Treasurer

Date

**\*\*\*End of Report\*\*\****3 of 3*

**CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN  
GAB-2**



**COMMITTEE IDENTIFICATION**

Filing Period Name:	January Continuing 2015 Covers all activity from 10/21/2014 through 12/31/2014
Name of Committee/Corporation:	Steffen for Wisconsin
Street Address:	1593 Redstone Trail
City, State and Zip:	Howard, WI 54313

SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar Year-To-Date
<b>1. RECEIPTS</b>		
1A. Contributions (Including Loans) from Individuals	\$2,875.00	\$63,707.32
1B. Contributions from Committees (Transfers-In)	\$1,300.00	\$14,625.00
1C. Other Income and Commercial Loans	\$0.00	\$0.00
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	<b>\$4,175.00</b>	<b>\$78,332.32</b>
<b>2. DISBURSEMENTS</b>		
2A. Gross Expenditures	\$3,815.11	\$54,478.68
2B. Contributions to Committees (Transfers-Out)	\$0.00	\$0.00
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	<b>\$3,815.11</b>	<b>\$54,478.68</b>

**CASH SUMMARY**

Cash Balance Beginning of Report*	\$23,493.75	
Total Receipts	\$4,175.00	
Subtotal	\$27,668.75	
Total Disbursements	\$3,815.11	
<b>CASH BALANCE END OF REPORT*</b>	<b>\$23,853.64</b>	
<b>INCURRED OBLIGATIONS</b>		
(Balance at the Close of This Period-3A)	\$0.00	
<b>LOANS</b> (Balance at the Close of This Period-3B)	<b>\$20,000.00</b>	

\*Cash Balance as reported by committee

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer: Deppeler, Dan	Signature of Candidate or Treasurer: Dan Deppeler Date: _____ Daytime Phone: _____ Email: wakbrd@msn.com
--	--

**NOTE:** The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.06, 11.20, 11.61, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984, 608-266-8005.

**SCHEDULE 1-A****RECEIPTS  
Contributions From Individuals**

Complete Committee Name: Steffen for Wisconsin

Date	Full Name	Address	Occupation	Employer Name	Employer Address	Amount	YTD
<b>Conduit Contribution</b>							
10/22/2014	Weyenberg, Cindy A.	104 Hedgeview Dr, Neenah, WI 54956	Realtor	Coldwell Banker The R E Group	105 E Bell St, Neenah, WI 54956	\$25.00	\$0.00
10/22/2014	Weyenberg, Peter G.	104 Hedgeview Dr, Neenah, WI 54956	Realtor	Coldwell Banker The R E Group	105 E Bell St, Neenah, WI 54956	\$25.00	\$0.00
11/15/2014	Boldt, Thomas	1521 N Briarcliff Dr, Appleton, WI 54915	Chief Executive Officer	The Boldt Company	2525 N Roemer Rd, Appleton, WI 54911	\$250.00	\$0.00
11/15/2014	Greenheck, Robert	3810 Sternberg Ave, Schofield, WI 54476	Executive VP	Greenheck Fan Corp	400 Ross Ave, Schofield, WI 54476	\$100.00	\$0.00
11/15/2014	Spude, Michael	E4741 Rolling Ridge Rd, Spring Green, WI 53588	President	Flexion Inc.	1500 W Main St Ste 500, Sun Prairie, WI 53590	\$300.00	\$0.00
11/15/2014	Muenster, Karen	N5804 French Rd, Seymour, WI 54165	Dairy Producer	Muenster Homestead Farms	N5804 French Rd, Seymour, WI 54165	\$50.00	\$0.00
<b>Sub Total</b>						<b>\$750.00</b>	
<b>Monetary</b>							
10/21/2014	Zeuske, Cate	2234 Skyline Pines Blvd, Green Bay, WI 54313	DIRECTOR	Taxpayers Network Inc.	721 Cardinal Lane, Suite 105, Howard, WI 54313	\$250.00	\$0.00
10/21/2014	Wissink, Randy	411 St. mary's Boulevard, Green Bay, WI 54301	MANAGER	Green Bay Seven Up Bottling Company	2077 Airport Dr, Green Bay, WI 54313	\$100.00	\$0.00
10/22/2014	Nabak, Nancy	410 Stoneridge Road, Green Bay, WI 54302	RETIRED			\$100.00	\$0.00
10/22/2014	Lammers, Chris	3061 Harbor Winds Drive, Suamico, WI 54173	MANAGER			\$25.00	\$0.00
10/22/2014	Raaaths, Bill	395 Stroebe Rd, Appleton, WI 54914	RETIRED			\$500.00	\$0.00
10/22/2014	Schneider, Patricia	3313 Vista Road, Green Bay, WI 54301	RETIRED		22 E. Mifflin St. Suite 1010, Madison, WI 53703	\$500.00	\$0.00

Monetary							
10/25/2014	Wirth, Sheri	1749 Riverside Dr, Suamico, WI 54173	OWNER	Design Ala Mode, 1749 Riverside Dr, Suamico, WI 54	2555 Lineville Rd, Howard, WI 54313	\$100.00	\$0.00
10/21/2014	Bechthold, Charles	10120 N. Vintage Court, Mequon, WI 53092	VICE PRESIDENT	Payne and Dolan, Inc., PO Box 781, Waukesha, WI 53	812 S. 87th Street, West Allis, WI 53214	\$125.00	\$0.00
10/28/2014	Tierney, Jodi	5710 Taychopera Rd, Madison, WI 53705	VICE PRESIDENT, GOVERNMENT AFFAIRS	Unitedhealth Group	10 East Doty #831, Madison, WI 53703	\$350.00	\$0.00
10/29/2014	Tome, Sharon	3923 Lowell Street, Two Rivers, WI 54241	EMPLOYEE	Shoreline Credit Union	2648 Memorial Dr, Two Rivers, WI 54241	\$75.00	\$0.00
Sub Total						\$2,125.00	
Total Unitemized Contributions						\$0.00	
Total Anonymous Contributions						\$0.00	
Grand Total						\$2,875.00	
Non-Monetary (-):						\$0.00	
Loan Forgiven (-):						\$0.00	
Total						\$2,875.00	

**SCHEDULE 1-B****RECEIPTS**  
**Contributions from Committees**  
**(Transfers-In)**

Complete Committee Name: Steffen for Wisconsin

Date	Full Name	Address	Amount	YTD
<b>Monetary</b>				
10/21/2014	Beverage Association PAC	1101 Sixteenth St. NW, Washington, DC 20036	\$250.00	\$0.00
10/21/2014	Managed Health Services Insurance Corp.	10700 West Research Drive, 3rd Floor, Milwaukee, WI 53226	\$300.00	\$300.00
10/22/2014	NFIB	1201 F. Street, NW Ste 200, Washington, DC 20004	\$250.00	\$0.00
10/27/2014	WI State Council of Carpenters	115 West Main Street, Madison, WI 53703	\$250.00	\$0.00
10/28/2014	Building A Better WI	660 John Nolen Dr, Ste 320, Madison, WI 53713-1469	\$250.00	\$0.00
<b>Sub Total</b>			\$1,300.00	
<b>Grand Total</b>			\$1,300.00	
<b>Non-Monetary (-):</b>			\$0.00	
<b>Total</b>			\$1,300.00	



**SCHEDULE 1-C****RECEIPTS****Other Income and Commercial Loans**

Complete Committee Name: Steffen for Wisconsin

Date	Full Name	Address	Amount	YTD
Total			\$0.00	

**SCHEDULE 2-A****DISBURSEMENTS**  
**Gross Expenditures**

Complete Committee Name: Steffen for Wisconsin

Date	Full Name	Address	Vendor Name	Vendor Address	Expense Purpose	Amount
<b>Monetary</b>						
10/28/2014	Rock Garden	1951 Bond Street, Green Bay, WI 54303			Party Exp - Election Night	\$100.00
10/28/2014	MailHaus	1745 Suburban Drive, De Pere, WI 54115			Mailing Service	\$2,330.70
10/28/2014	Kuehn Printing	401 N Quincy, Green Bay, WI 54301			Mailing Service	\$567.59
10/29/2014	Kuehn Printing	401 N Quincy, Green Bay, WI 54301			Mailing Service	\$630.89
11/04/2014	Rock Garden	1951 Bond Street, Green Bay, WI 54303			Party Exp - Election Night	\$50.00
11/04/2014	Rock Garden	1951 Bond Street, Green Bay, WI 54303			Party Exp - Election Night	\$58.50
11/04/2014	PayPal	2211 North First Street, San Jose, CA 95131			Mailing Service	\$42.43
11/10/2014	Constant Contact	1601 Rapelo Road, Waltham, MA 02451			Mailing Service	\$35.00
<b>Sub Total</b>						<b>\$3,815.11</b>
<b>Grand Total</b>						<b>\$3,815.11</b>
<b>Non-Monetary (-):</b>						<b>\$0.00</b>
<b>Total</b>						<b>\$3,815.11</b>

**SCHEDULE 2-B****DISBURSEMENTS**  
**Contributions To Committees**  
**(Transfers-Out)**

Complete Committee Name: Steffen for Wisconsin

Date	Full Name	Address	Vendor Name	Vendor Address	Amount
Grand Total					\$0.00
Non-Monetary (-):					\$0.00
Registrant In-Kind Sub Total (-):					\$0.00
Total					\$0.00

**SCHEDULE 3-A****ADDITIONAL DISCLOSURE**  
**Incurred Obligations Excluding Loans**

Complete Committee Name: Steffen for Wisconsin

Beginning Incurred Obligation Amount: \$0.00

Date	Full Name	Address	Amount
Grand Total			\$0.00

Date	Full Name	Amount Paid
Grand Total		\$0.00
Outstanding Incurred Obligations End of Report		\$0.00

<b>SCHEDULE 3-B</b>	<b>ADDITIONAL DISCLOSURE</b> Loans Individual, Committee or Commercial
---------------------	--

Complete Committee Name: Steffen for Wisconsin

Beginning Loan Balance: \$20,000.00

Date	Full Name	Address	Amount
Grand Total			\$0.00

Date	Full Name	Amount Paid
Grand Total		\$0.00
Outstanding Loans End of Report		\$20,000.00

**\*\*\*End of Report\*\*\***

9 of 9

# Campaign Finance Report

Short Form EB-2a  
State Elections Board

☐ Spring ☐ Fall ☐ Special Pre-Primary ☒ Continuing Report due Jan. 31, 2015  
☐ Spring ☐ Fall ☐ Special Pre-Election ☐ Continuing Report due July 20, \_\_\_\_\_

Name of Candidate or Committee (in full)

Streckenbach for Brown County Executive

Address (number and street)

P.O. Box 22283

City, State, Zip Green Bay, WI 54305

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate

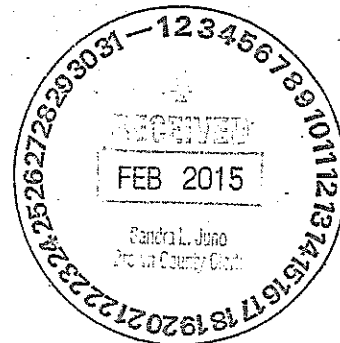
Date

Daytime Phone

EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)

1/31/2015

920 2882231



**SHORT FORM – Use For “No  
Activity” Reporting Period**

**\*\*\*End of Report\*\*\***

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

**COMMITTEE IDENTIFICATION**

Name of Committee

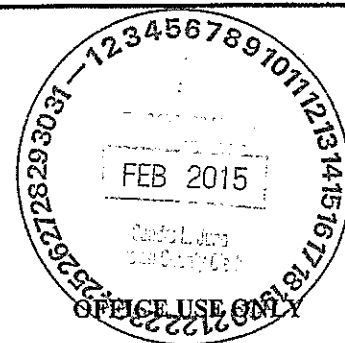
Friends of VanderLeest

Street Address

1422 Beech Tree Drive

City, State and Zip Code

Green Bay, WI 54304



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

**NAME OF REPORT**

☒ January Continuing 2015 ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special

☐ July Continuing ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☐ Termination Report  
also complete Schedule 4

**SUMMARY OF RECEIPTS AND  
DISBURSEMENTS**

**1. RECEIPTS**

Column A  
This Period

Column B  
Calendar  
Year-To-Date

1A. Contributions (Including Loans) from Individuals

\$

0

\$

1B. Contributions from Committees (Transfers-In)

\$

0

\$

1C. Other Income and Commercial Loans

\$

0

\$

**TOTAL RECEIPTS** (Add totals from 1A, 1B and 1C)

\$

0

\$

**2. DISBURSEMENTS**

2A. Gross Expenditures

\$

350.00

\$

2B. Contributions to Committees (Transfers-Out)

\$

-

\$

**TOTAL DISBURSEMENTS** (Add totals from 2A and 2B)

\$

350.00

\$

**CASH SUMMARY**

Cash Balance Beginning of Report

\$

3,062.56

Total Receipts

\$

0.00

Subtotal

\$

3,062.56

Total Disbursements

\$

350.00

**CASH BALANCE END OF REPORT**

\$

2,712.56

**INCURRED OBLIGATIONS**

(Balance at the Close of This Period-3A)

\$

0.00

**LOANS** (Balance at the Close of This Period-3B)

\$

0.00

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Signature of Candidate or Treasurer

Date:

John A. VanderLeest

[Signature]

2/1/15

Daytime Phone:

920-737-0999

**NOTE:** The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

pg. 1 of 2

**SCHEDULE 2-A**
**DISBURSEMENTS**  
**Gross Expenditures**

 Page 1 of 1

Complete Committee Name

Friends of VanderLeest

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
12/19/15	The Nines 121 S. Washington St Green Bay, WI 54301 Check if: <input type="checkbox"/> In-Kind Offset	Seating in party	\$350.00
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$
TOTAL ITEMIZED EXPENDITURES			\$
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$
TOTAL EXPENDITURES			\$

**\*\*\*End of Report\*\*\***

pg. 2 of 2



# CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

## COMMITTEE IDENTIFICATION

Name of Committee

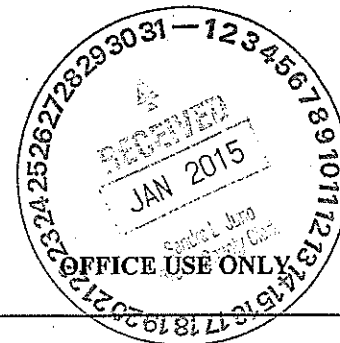
ZELLER FOR TREASURER

Street Address

3228 Bitters Court

City, State and Zip Code

GREEN BAY, WI 54301



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

## NAME OF REPORT

☒ January Continuing <sup>14</sup>/<sub>15</sub> ☐ Pre-Primary ☐ Spring ☒ Fall ☒ Special  
☐ July Continuing ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☐ Termination Report  
also complete Schedule 4

## SUMMARY OF RECEIPTS AND DISBURSEMENTS

### 1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 262.24	\$ 2222.24
1B. Contributions from Committees (Transfers-In)	\$ 325.00	\$ 625.00
1C. Other Income and Commercial Loans	\$ 8.33	\$ 8.33
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 595.57	\$ 2855.57

### 2. DISBURSEMENTS

2A. Gross Expenditures	\$ 624.41	\$ 2812.83
2B. Contributions to Committees (Transfers-Out)	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 624.41	\$ 2812.83

## CASH SUMMARY

Cash Balance Beginning of Report	\$ 71.58
Total Receipts	\$ 595.57
Subtotal	\$ 667.15
Total Disbursements	\$ 624.41
<b>CASH BALANCE END OF REPORT</b>	\$ 42.74
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ NONE
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ NONE

10.21.14  
to  
12.31.14  
\$2847.24  
Due  
2.2.15

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

PAUL D. ZELLER

Signature of Candidate or Treasurer

Paul D. Zeller

Date: 1-19-2015

(920) 819-0990

Daytime Phone:

920-336-0020

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

Complete Committee Name

ZELLER FOR TREASURER

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
10/21/14	JEANNE FLATLEY 440 ST. MARYS BLVD GREEN BAY, WI 54301	RETIRED	\$ 200	200
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
11/1/14	CINDY LECH 1996 STONE SILO CR. DEPERE, WI 54115	COMMUNITY VOLUNTEER	36 CASH	36
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
11/3/14	PAUL ZELLER 3228 Bitters Ct. GREEN BAY, WI 54301	MFG Representative MILLER & ASSOCIATES PO BOX 154 PRAIRIE DU SAC, WI 53578	26.24	926.24
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
1 / 1	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
1 / 1	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
1 / 1	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
1 / 1	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
1 / 1	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$262.24

TOTAL ITEMIZED CONTRIBUTIONS

\$262.24

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$262.24

**SCHEDULE 1-B**

**RECEIPTS**  
Contributions from Committees  
(Transfers-In)

Page 2 of 6

Complete Committee Name  
ZELLER FOR TREASURER

Instructions for completing schedules are on the back of each schedule.

Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
11/4/14	TAXPAYERS FOR LASEE PO BOX 5403 DE PERE WI 54115 Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan	\$ 325.00	325.00
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE		\$ 325	
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$ 325	

**SCHEDULE 1-C**
**RECEIPTS**  
 Other Income and Commercial Loans

 Page 4 of 6

Complete Committee Name

ZELLER FOR TREASURER

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
11/4/14	PAUL ZELLER 3228 Bitters Court GREEN BAY, WI 54301	Cash for FACEBOOK & DOMAIN NAME	\$8.33
/ /		Credit/Debit CARD	
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			

SUBTOTAL OTHER INCOME THIS PAGE

\$ 8.33

TOTAL ITEMIZED OTHER INCOME

\$ 8.33

TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS

 \$                     

TOTAL OTHER INCOME

\$ 8.33

4 of 5

**SCHEDULE 2-A**
**DISBURSEMENTS**  
 Gross Expenditures

 Page 5 of 6

Complete Committee Name

ZELLER FOR TREASURER

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
10/26/14	SPEEDY SIGNS USA 1625 SW 8th ST LAKE CITY, FL 32024	YARD SIGNS & BANNERS	\$ 269.46
10/31/14	WALMART EAST GB 2292 MAIN ST GREEN BAY, WI 54311	PRINTER INK	\$ 15.79
11/3/14	POLITICAL CALLS NOW 3605 ROCKWOOD ROAD EVANSTON, IL 60201	DIAL CAMPAIGN	\$ 306.76
11/3/14	FACEBOOK 1 HACKER WAY MENLO PARK, CA 94205	AD IMPRESSIONS	\$ 26.24
11/4/14	FACEBOOK 1 HACKER WAY MENLO PARK, CA 94205	AD IMPRESSIONS	\$ 6.16
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 624.41

TOTAL ITEMIZED EXPENDITURES

\$ 624.41

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$ —

\*\*\*End of Report\*\*\*

TOTAL EXPENDITURES

\$ 624.41

5 of 5